

This is (33) pre-clinic information form (appointment offered): it is available in translation

Pre-Clinic Information

To help us prepare for your genetics clinic appointment, please complete this form and post it to us, at the address on the letter, as soon as possible.

Please enter details of appointment offered: number:
Dr: (Consultant's Name) Date: (dd/mm/yyyy) Time: (hh:mm)

Place: (Clinic Location, Hospital)

Can you attend this appointment? Please tick ✓ :Yes No

If you cannot attend on this date due to holiday commitments, please indicate when you will return.....

Your telephone numbers: Home Work
Mobile

Please check the following details about the patient and the GP. Please amend the information as needed and add the postcode and other information if this is not shown here.

Patient Name	GP Details Must Be Supplied:
Address	GP name: Dr.
Town	GP address:
County	
Postcode	GP postcode

Details About Your Family Origins

Certain genetic problems are more frequent in some communities and screening tests are available for many of these. In this section we ask you about your family origins, so that we can arrange tests for the day of your appointment, if you would like them done.

Are your family origins (please tick the box that applies to you in each case):

a) Northern European (incl. British, Irish)?	Yes <input type="checkbox"/>	<input type="checkbox"/> No
b) Jewish	Yes <input type="checkbox"/>	<input type="checkbox"/> No
c) African/Afro-Caribbean	Yes <input type="checkbox"/>	<input type="checkbox"/> No
d) Asian	Yes <input type="checkbox"/>	<input type="checkbox"/> No
e) Chinese/Japanese/South East Asian	Yes <input type="checkbox"/>	<input type="checkbox"/> No
f) Mediterranean (e.g. Greek or Italian)	Yes <input type="checkbox"/>	<input type="checkbox"/> No